STANDARD OPERATING PROCEDURE

Stroke Committee SOP
Stroke Committee

I. Committee Purpose

The Stroke Committee is responsible for development of an acute stroke care system for TSA-E, including the development of guidelines for acute stroke care in Level I, II, and III Stroke Centers as specified in the Regional Stroke Plan. The Stroke Committee provides guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the Committee SOP.

Further details of committee responsibilities are defined under Article IX of the NCTTRAC Bylaws.

II. Committee Responsibilities

A. Annual review and updating of the Stroke Regional Plan for the North Central Texas Trauma Service Area.
B. Develop standards and procedures for the purpose and function of the Stroke Committee.
C. Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of public education and Stroke prevention efforts within the 19 counties served.
D. Base decisions on current stroke trends and data, facts and assessment of programs and presented educational opportunities.
E. Organize, support and/or coordinate community evidence-based education and Stroke prevention programs.

III. Committee Chair/Chair Elect Responsibilities

A. Chair

The Committee Chair serves as the principal liaison between the committee and the Board of Directors with responsibilities that include, but are not limited to:

1. Knowledge of the Bylaws.
2. Scheduling meetings.
3. Meeting agenda and notes.
4. Providing committee report to the Board of Directors at least quarterly.
5. Annual review of Stroke Guidelines, committee SOP and SPI indicators.
6. Knowledge and dissemination of GETAC activities to committee members and the Board of Directors.

B. Chair Elect

The Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair.

1. The Chair Elect may serve in lieu of the Stroke Chair for Board of Directors responsibilities including voting.

2. The Chair Elect must be affiliated with a NCTTRAC member in good standing as defined in the NCTTRAC Bylaws.
3. The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term.
4. The Chair Elect position will be voted on by the Stroke Committee every two years or when this position has been vacated by the incumbent.
5. The Chair Elect will lead the committee work groups alongside the Stroke Medical Director.

IV. Medical Director

A. Medical Director represents Stroke care issues at Medical Directors Committee.
B. Medical Director can facilitate Stroke medical directors meeting as a subgroup of Medical Directors Committee.
C. Medical Director may chair stroke work groups.

V. Committee Product

A. Regional Stroke Plan
B. Stroke Committee SOP
C. Performance Improvement Indicators
D. Provide Stroke public and professional education

VI. Work Group

A. Stroke Regional Plan
B. Data/PI Work group
C. Stroke public and professional education

VII. Definitions

For definitions unique to the functions of this committee, refer to the following sources:

A. American Stroke Association guidelines www.strokeassociation.org
B. Stroke Regional Plan www.ncttrac.org
C. GETAC www.dshs.texas.gov/emstraumasystems/governor.shtm

VIII. Procedures (Meeting, Agenda and Minutes)

The Stroke Committee shall perform its responsibilities with an organized approach utilizing the following procedure:

A. The date, time and location of all scheduled meetings will be posted at least ten (10) days in advance on the NCTTRAC website calendar.
B. The committee will meet at least quarterly.
C. All meetings are held as open meetings.
D. Agendas will be provided and be prepared by the committee chair.
E. A sign in sheet will be provided at each meeting.

F. Each meeting will have notes.
G. Agendas and meeting notes will be forwarded to NCTTRAC office and administrative staff within one week after the meeting for posting. The attendance will be turned in at the end of the meeting.
H. Members of the committee may access copies of meeting agendas and notes on the NCTTRAC website.

IX. Liaison

Affiliated Liaison Groups

A. Texas EMS Trauma and Acute Care Foundation (TETAF)
B. Governor's EMS and Trauma Advisory Council (GETAC)
C. Texas Cardiovascular and Stroke
D. Texas Department of State Health Services (DSHS)
E. DFW Stroke Coordinators Group
G. American Heart/Stroke Association (AHA/ASA)

X. SPI Indicators

A. Receiving hospitals will accept the stroke patient within an average time of fifteen minutes including pediatric stroke patients not age specific for a designated comprehensive stroke facility.
B. Hospitals will maintain stroke management protocols throughout the continuum of care.
C. Hospitals shall maintain a stroke performance improvement process to review all aspects of stroke care.
D. Hospital providers will have appropriate stroke specific training and access to specific educational needs. The NCTTRAC Stroke Committee should be considered a resource for training and educational opportunities.
E. All mortality information submitted to the SPI Committee from Vital Statistics and TDH will be reviewed.
F. EMS transport teams will complete vital signs, blood pressure management and neurological assessments on all drip and ship patients (excludes GCS).
G. Hospitals will submit required statistical data and stroke registry data within 45 days.
H. All designated stroke hospitals will submit statistical data and stroke registry data within 45 days.
I. Stroke patients shall only be transferred one time to the most appropriate facility.
J. Stroke patients will be transferred within one hour of arrival or timely identification of the stroke that requires a higher level of care.
K. Stroke patients will be transferred to the closest designated comprehensive stroke facility (based on the onset symptoms/ last known well/ endovascular stroke rescue/ neurosurgical intervention).
L. When a receiving hospital's feedback letter requests a follow up on a care or timeliness issue, the transferring hospital should respond within thirty days of receiving the letter.

XI. Annual Committee Goals

A. Monitor Door to Needle Times: 50% of D2N times need to be less than or equal to 45 minutes utilizing regional CVD data.
B. Community Outreach: Participate in and support two stroke awareness public education events within TSA E
C. Monitor: EMS Stroke pre-hospital notification to the ED based on stroke like symptoms and stroke activation.
D. Offer one educational opportunity to Stroke Committee per quarter.

XII. Unobligated Budget Request

Recommend to the Board of Directors financial backing or support of Committee related public education efforts across the 19 county region.

XIII. Core Group

A. The Stroke Committee core group shall be comprised of primary or delegated representatives from NTTRAC Member designated or seeking designation stroke hospitals.
In accordance with the NCTTRAC Bylaws, committee-voting authority afforded to Stroke Committee core group representatives includes only representatives of NCTTRAC member organizations in good standing.

XIV. Membership Requirements

Not Applicable

XVII. Attendance Requirements

While committee attendance is highly encouraged for all RAC members, there are no specific attendance requirement for this committee.